



# City of Centerville

## Peddlers, Vendors, and Charitable Solicitors License Application

Office Use Only

Non-refundable Fee: In-State \$5.00 / Out-of-State \$10.00

Expiration Date: \_\_\_\_\_

INFORMATION CONTAINED IN THIS LICENSE APPLICATION IS SUBJECT TO DISCLOSURE AS A MATTER OF PUBLIC RECORD.

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Any false statement made or given in this application or violation of requirements in  
C.O. § 836 entitled "Peddlers, Vendors, Canvassers and Charitable Solicitations"  
may result in denial or revocation of license.

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Reason for peddling, vending, and/or soliciting: \_\_\_\_\_

### APPLICANT INFORMATION:

Full Name: \_\_\_\_\_  
(Please Print) (Last) (First) (Middle)

Residence: \_\_\_\_\_  
(Number, Street) (City, State) (Zip)

Home Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Soc. Sec. No.: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Male: \_\_\_\_\_ Female: \_\_\_\_\_ Race: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Are you a citizen of the United States? \_\_\_\_\_

OR A Legal Alien? \_\_\_\_\_ Your Alien Registration Number # \_\_\_\_\_

(If you were born outside the United States, proof of citizenship or alien registration cards must be submitted.)

List ALL arrests and convictions, anywhere in the United States, within the past seven (7) years — If None, Write None

\_\_\_\_\_  
\_\_\_\_\_

**Business Name:** \_\_\_\_\_

**Tax ID #** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Supervisor Name:**\_\_\_\_\_ **Telephone:**\_\_\_\_\_

**Business Address:** \_\_\_\_\_

**(City, State)**

**(Zip)**

**Model:** \_\_\_\_\_ **Make:** \_\_\_\_\_ **Year:** \_\_\_\_\_ **Color:** \_\_\_\_\_

**License Plate Number:** \_\_\_\_\_ **State** \_\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**NOTE: Applicant must provide photo ID with completed application. Applicant must also carry approved license and photo ID during times of solicitation and be prepared to exhibit upon request by any City of Centerville official.**

**Chief of Police or his/her Designee:** \_\_\_\_\_ **Approved** \_\_\_\_\_ **Denied**

Comments:

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**City Manager or his/her Designee:** \_\_\_\_\_ **Approved** \_\_\_\_\_ **Denied**

**Comments:**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_